

ORIGINAL

FORM VAT-402

**WAYBILL**  
[See sub-rule (3) or rule 79]  
**IN TRIPILCATE**

1. **Dealer of Orissa**  
(To whom way bill is issued)

NAME  TIN

2. **Consigner of goods**

|                |                                          |
|----------------|------------------------------------------|
| <b>NAME</b>    | <input style="width: 85%;" type="text"/> |
| <b>ADDRESS</b> | <input style="width: 85%;" type="text"/> |
| <b>TIN</b>     | <input style="width: 85%;" type="text"/> |

- |                                          |                                          |                                                                                                                                    |
|------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 3. <b>Place of despatch of goods</b>     | 4. <b>State of despatch of goods</b>     | 5. <b>Dt. of despatch</b>                                                                                                          |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Dt. <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> |

6. **Name of the entry /exit check gate**

7. **Consignee of goods**

|                |                                          |                |                                          |
|----------------|------------------------------------------|----------------|------------------------------------------|
| <b>NAME</b>    | <input style="width: 85%;" type="text"/> |                |                                          |
| <b>ADDRESS</b> | <input style="width: 85%;" type="text"/> |                |                                          |
| <b>TIN</b>     | <input style="width: 35%;" type="text"/> | <b>CST No.</b> | <input style="width: 30%;" type="text"/> |

8. **Consigner despatching goods for [✓ (Tick) Mark in the appropriate box]**

|                              |                                          |                          |                          |                                    |                                 |
|------------------------------|------------------------------------------|--------------------------|--------------------------|------------------------------------|---------------------------------|
| <b>Delivery to the buyer</b> | <b>After purchase by self / by agent</b> | <b>Branch transfer</b>   | <b>Consignment sale</b>  | <b>Execution of works contract</b> | <b>Transfer of right to use</b> |
| <input type="checkbox"/>     | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>        |

9. **Invoice / Challan Detail**

| Sl. No. | Commodity & Code | Invoice No. & Date | Quantity | Value |
|---------|------------------|--------------------|----------|-------|
|         |                  |                    |          |       |
|         |                  |                    |          |       |
|         |                  |                    |          |       |
|         |                  |                    |          |       |

10. **Vehicle / Carrier Detail - Vehicle Regd. No.** **Driver's Name** **L.R. No.**

|                                          |                                          |                                          |
|------------------------------------------|------------------------------------------|------------------------------------------|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
|------------------------------------------|------------------------------------------|------------------------------------------|

**Owner of the Vehicle**

**Transporter's Name & Address**



11. **Way bill issuing Office**

12. **Way bill issuing authority**  
(With seal & Signature)

13. **Signature of the Dealer of Orissa to whom Way bill issued**

Seal

WAY BILL NO. AAA-